

**CITY OF ST. LOUIS  
NEIGHBORHOOD STABILIZATION TEAM (NST)**

**CUSTOMER SATISFACTION SURVEY**

1. If you called/Emailed your NSO, were you contacted in a timely manner?

5 (very timely)    4    3    2    1 (not timely)

2. How would you rate the customer service you received from the NSO?

5 (very satisfied)    4    3    2    1 (not satisfied)

3. If you contacted or visited our office, how would you rate the customer service received from NST office personnel?

5 (very satisfied)    4    3    2    1 (not satisfied)

4. How would you rate the quality of information provided by the NST staff?

5 (very satisfied)    4    3    2    1 (not satisfied)

5. Was the NST staff courteous and helpful?

NSOs	Office Staff	Manager
<input type="checkbox"/> 5 (very)	<input type="checkbox"/> 5 (very)	<input type="checkbox"/> 5 (very)
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 1 (not at all)	<input type="checkbox"/> 1 (not at all)	<input type="checkbox"/> 1 (not at all)

6. OVERALL, how would you rate your satisfaction with the NST?

5 (very satisfied)    4    3    2    1 (not satisfied)

7. Did any employee stand out for recognition in your experience with the NST?

Employee Name:

Comments:

8. Do you have any suggestions for improving NST service?

Thank you for completing our survey. Your comments are important and appreciated.

Please return this survey to

**The Neighborhood Stabilization Team  
C/O Joe Thele, Director  
1520 Market Street, Room 4000  
St. Louis, MO 63103**

Please complete the items below so that we may follow up on your comments or suggestions in order to improve our customer service:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ (Optional)

Email: \_\_\_\_\_ (Optional)